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We must now ask—to what extent is this knowledge empirically sound and the skill rationally employed? It can obviously not be entirely so since the non-therapeutic version of *cigbe*, credited as it is with remote effects upon objects or human actions, reveals at first sight already its non-empirical, miraculous nature. Yet the twofold use of medicine, therapeutic as well as non-therapeutic, suggests the corresponding distinction between rational practices and others irrational or 'magical'. To some extent this will prove a valid distinction, though one far less clear-cut or consistent; and this in turn is partly due to the ambiguity of the concept of rationality when it is applied to the practices of a primitive people. For they may act with rational intent but insufficient or faulty knowledge, so that their would-be empirical practices will conflict with our scientific knowledge, and hence strike us as irrational or 'magical'; while in a sense the converse case may equally occur.

I spoke of this before and need here only state the four possibilities entailed in these considerations. First, a procedure 'subjectively' rational, involving for the people the application of ordinary learned skills, may also be 'objectively' rational, that is, appropriate to the ends for which it is employed. Secondly, a subjectively rational procedure may prove futile and incongruous when assessed by 'objective' standards. Thirdly, a procedure professedly supernatural or mystical may yet prove appropriate, concealing some valid empirical principle. Lastly, a professedly mystical procedure may be such also from our point of view, that is, empirically false and incapable of achieving the ends for which it is employed.

Before examining each possibility in turn we must restate our criteria for assessing the mystical as against the professedly rational intent behind *cigbe* practice. In a very general sense, every *cigbe* procedure implies both kinds of intent. For even though Nupe medicine is, by definition, 'knowledge', which is usually purely technical as well as transferable through tuition or purchase, it is also given a mythical pedigree and related to the remoteness of God.[1] But these mystical associations are left almost entirely unemphasized, furnishing only a vague and ineffectual background, and can thus be disregarded. If, then, we are to credit certain procedures with mystical intent, they must exhibit it in a more pronounced and specific fashion. In the most obvious case the manufacture or application of *cigbe* will involve invocations of the deity and sacrifices proper, that is, open appeals for supernatural intervention. Where these are absent, we may yet search for that other evidence, of awe, fear, and a sense of the extraordinary or miraculous, which would set the procedure apart from pursuits

[1] See above, p. 18.

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and interests of a profane kind. The 'sense of the extraordinary' if it is not vouchsafed by verbal expressions, is clearly the most difficult to identify. But it is at least likely to go together with uncommon procedures and with rigid rules, barring even minute departures from a given course of action, that is, with ritualization. In sum I would list these criteria of professedly mystical as against professedly rational intent: the degree of ritualization implied in the preparation or application of medicines; their secrecy or otherwise; their commercial or non-commercial, public or private character; the diverse ways in which the knowledge of *cigbe* is transmitted; and the different kinds of faith placed in it.

If previously we described 'ritual' behaviour as behaviour exhibiting a degree of rigidity not accounted for by its professed aim, we may now say, of the 'ritualized' procedure of *cigbe*, that its rigidity is not accounted for by the rational intent. For the Nupe, the latter lies in the application of material substances which as such possess a given efficacy. But often we find additional and incongruous rules such as these: certain medicines may only be prepared in certain months of the year; in certain treatments a particular procedure must be repeated three times; in the operation of setting a broken limb four splints (no more and no less) must be used. Here, then, the Nupe no longer rely on the empirical or pseudo-empirical knowledge of 'ingredients'; rather, they abandon their own 'scientific' principles, diluting them with rules of a different order—with ritual, and hence with 'mystic' observances.

Again, certain medicines, their preparation and disposal, are cloaked in rigorous secrecy, while others are not secret or no more secret than the skills or tricks of a particular trade. The latter kind is usually freely bought and sold, while the secret medicines can be given away only with special formalities or not at all, being accessible only to the relatives or perhaps friends of the 'owner'; so that some medicines are available to the public, like any commercial commodity, and others are unalterably 'private'. As we know, the knowledge of *cigbe* is mostly transmitted through ordinary teaching, and is such as any clever, observant, or widely-travelled person can acquire; but occasionally it is hereditary, the ultimate provenance of the knowledge remaining unexplained. Finally, while no one would assume that ordinary remedies, administered without ceremonial, are infallible, precisely this faith is put in the other, 'miraculous', medicines, even if they involve no explicit appeals to the deity.

These features, however, occur with varying degrees of definiteness; and, though they all hang together logically, they do not always appear together in practice. But considered singly, they

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offer only ambiguous criteria. Ritualization, for example, especially when it is slight, may represent only an item of 'knowledge', empirically futile and 'superstitious', but for all that entirely profane. And secrecy may attach to medicines, not because they are sacred or credited with miraculous efficacy, but because they are morally reprehensible. Our assessment of 'mystical' and 'rational' intent will therefore sometimes be uncertain and admit of borderline cases. Even so, it enables us to examine *cigbe* practice in the terms of the four 'possibilities' mentioned before.

(i) It is clear that this possibility can apply only to the therapeutic medicines. But only very few even of these satisfy our two conditions of rational intent and objective appropriateness. For several of the therapeutic medicines require the accompaniment of invocations or sacrifices, or otherwise exhibit at least an admixture of mystical intent; and those which do not, often fail on the second count. It is clear, however, that in this relatively backward society we must not assess the appropriateness or otherwise of remedies by too exacting a standard. Thus, if they do not conflict in principle with our scientific ideas and are such that their efficacy might at least conceivably be of the alleged kind, their actual worthlessness may be ignored; at least, it does not make them 'mystical', but only shows them to be crude, inadequate, or ill-chosen. This would be true of such remedies as herbal potions used for intestinal troubles, of salves or powders rubbed into snake-bites, or of certain simple surgical treatments. Few of these betray any true medical lore; the surgical operations are rarely applied and have little merit; most potions or salves prove on chemical analysis to have no positive value, though I found none that was actually harmful and a few that had a slight medicinal property, such as the absorptive or laxative effect of charred vegetable matter. Even so, these practices are at least of the right kind or resemble the right kind of treatment, and will for this reason be included in our first category.

Many more treatments are without even this semblance of appropriateness, suggesting merely blundering attempts, unguided even by faulty knowledge. Lunacy, for example, is treated by means of inhalations; smallpox is prevented by burning herbs in the entrance hut; pregnancy, by the wearing of a 'magic' belt; and for rheumatic pains one has this abstruse cure: the patient stands inside a hut, pressing the aching part of his body against the wall; the doctor stands outside and holds the 'medicine' with his foot against the wall, opposite the place where, on the inside, the patient's body touches the wall; the doctor then slowly drags the medicine to the ground, thus 'drawing the pain from the body'. Though this treatment seems to imply some crude

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755 757 reasoning from analogy, it clearly belongs, with all the other treatments just mentioned, to our second category, of practices utterly incongruous and not even conceivably capable of the alleged effects.

● 813 We must add, further, that a great many therapeutic remedies are ascribed so multifarious an efficacy that their 'rational' application to one kind of ailment is belied by the other, extravagant claims. The same substance will serve as an antidote for snake-bite, as a cure for headaches, and as a potion applied in ordeals; and a herbal concoction for intestinal troubles will also be used to cure rheumatic pains in the fantastic manner just described. Thus the borderline between rational and pseudo-rational treatments is once more blurred, and the province of the former narrowed further. And here we may note that in a sense the Nupe wish to keep it narrow. For the one version of medicine which comes nearest to satisfying our two conditions of rational intent and empirical (if crude) appropriateness, that practised by the barber-doctors, is also criticized for this very reason. The barber-doctors [759] are entirely profane practitioners, whose skill is a matter of cleverness and learning, involves no secrecy, and is at the disposal of all who can pay for their services. But their practice is largely restricted to the capital and the more sophisticated large villages, and little known or little thought of elsewhere. Indeed, the country people simply laugh when you suggest that the barbers have a knowledge of *cigbe*; 'barbers', I was always told, 'know no *cigbe*; all they can do is to cure headache'. Now some of my informants certainly knew that this was incorrect; furthermore, several village *cigbe* of the secret and mystical kind were also supposed to cope with headache. It was therefore not the efficacy of the remedies which the people held in ridicule but their purely profane character; and in denying that the barbers possessed any worthwhile knowledge of medicine, they really denied that their knowledge deserved the name of medicine. We note, then, a bias towards excluding from the genus *cigbe* those remedies which combine all the characteristics of a rational practice. The true *cigbe*, the people seem to feel, must at least in some respects bear the mark of the extraordinary or 'magical'. But this is no more than a bias since even in the villages where the art of the barber-doctors was so derided there exist purely profane, would-be rational remedies.[1] Their [369] number, however, is strikingly small; so that in the peasant culture of Nupe, unlike the urban culture of the capital, the non-mystical or non-'magical' *cigbe* represents an exception from the rule.

[1] Also, this 'bias' is being obliterated by the modern usage of the word *cigbe* for all European drugs and medical appliances, in which the Nupe see nothing transcendental or magical, but the application of 'knowledge' proper.

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(ii) We have already mentioned the therapeutic medicines which fall in this category in virtue of their fantastic nature or of the extravagant claims made for them. We need only add that there are no non-therapeutic *cigbe*, that is, medicines at first sight already 'miraculous' and irrational, which are handled in a would-be rational manner; all also imply at least some expression of mystical intent.

(iii) Strictly speaking, this possibility of professedly mystical but unwittingly appropriate practices does not apply to Nupe medicine. Trance possession attributed to spirits, magic dances meant to cure mental disorders, and similar treatments which might conceal a psycho-therapeutic efficacy under the mystical trappings are altogether absent. But the combination of invocations and sacrifices with remedies which are 'of the right kind' constitutes a borderline case since the people would attribute the success of the remedy (such as it is) as much to supernatural intervention as to the inherent properties of the ingredients employed. In a sense even the most absurd therapeutic remedies have a share of such a concealed empirical efficacy. In calling them absurd and worthless we were considering only their intrinsic inappropriateness to the effects ascribed to them; we cannot deny that the patient's trust in the efficacy of the medicine or the repute of the doctor may well produce at least an apparent relief. Which means, further, that the practitioner's medical notions will repeatedly receive some empirical support, whose spuriousness he is unable to judge.

(iv) Our last category comprises all the non-therapeutic medicines and a considerable number of therapeutic ones. Their objective irrationality cannot be mistaken. When a potion is said to make a person invisible, a salve to secure invulnerability, a herbal concoction kept in the village to keep away smallpox, or a powder applied to a hoe to double the farm output, there can clearly be no question but that only a miracle could make these 'medicines' effective. Nor is the mystical intent any less certain, being visible in the prescribed invocations, sacrifices, forms of ritualism, and so forth. It is interesting to note that several of these practices are based upon the principle 'like causes like'; by itself, this spurious 'theory would not establish the mystical intent since for the people it represents only one more item of would-be scientific knowledge. The same principle, in fact, also underlies a few therapeutic and strictly profane cures. But it seems significant that it is employed on a large scale only in the fully irrational practices, that is, in situations where success is vouchsafed also by mystical procedures. In other words, false knowledge tends to go together with transcendental guarantees (though more sound knowledge does not necessarily discard them).

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755 757 813 Let me summarize. By our criteria of rational and mystical intent the whole range of non-therapeutic *cigbe* together with a good portion of the therapeutic ones would fall in the category of transcendental practices (religious or 'magical'); while only the rest of the cures proper, good, bad, and indifferent, would belong on the side of reason or near-reason. And since a great many of the cures in the former category are 'objectively' as futile or absurd as the non-therapeutic variety, it may be said that the Nupe tend to treat as 'magical' what is, by all standards, magical and to aim at miraculous effects by means openly designed for miracles.

2. PHARMACOPOEIA NUPEANA

757 278 759 It seems convenient to insert here a fuller description of Nupe medicines and medical (or pseudo-medical) treatments. Their therapeutic or non-therapeutic character will become clear from the description, as will also the share of 'irrational' or mystical observances. We must, however, anticipate the various classes of medicine experts and briefly state their respective specialities. First, we have the guild of barber doctors, who are all Mohammedans and whose craft is entirely therapeutic and would-be empirical; a few minor instances of 'ritualization' do not contradict the generally rational intent. Secondly, there is the corresponding and predominantly pagan order of *cigbeciži* or *bociži* ('medicine-men'), whose practice, both therapeutic and non-therapeutic, invariably betrays mystical intent. Thirdly, there are a few individual experts who belong to neither organization and may employ any kind of *cigbe*. Lastly, we shall meet with the owners of hereditary medicines, vested in the lineage or (in Nupe parlance) 'house'; these are both therapeutic and non-therapeutic, and always conspicuously mystical. In one isolated case a conspicuously 'mystical' medicine is owned by a whole community. Let me also recall that some medical practitioners are diviners at the same time, though there is no firmer link between the two professions.

757 278 These are some of the remedies known to the barber-doctors of Bida. Stomach trouble is treated by means of various potions: one consists of the infusion of a certain swamp plant; another, of the infusion of the charred bark of the oil-palm, sheanut tree or locust-bean tree, mixed with natron;[1] a third, of the pounded roots of a certain tree, mixed with powdered eggshell, dried in the sun and then taken with water. Light headache is cured by burning a certain common plant and making the patient inhale the fumes,

[1] The 'natron' is natural carbonate of soda from Lake Chad which is on sale in all Nupe markets.